

Staff Certification of Direct Charge Time

Staff who perform Medi-Cal eligible activities either 100 percent of the time or in distinct and documented blocks of time must complete this document to certify that the percentage of claimable direct charge time is accurate, true, and correct. The percentage of time certified must be also be supported by a staff activity log.

I, **(Employee Name)**, hereby certify that **(Number) percent** of my MAA funded work time was spent performing the Medi-Cal eligible activity code **(Code # and Title)** between the period of **(First day of Claiming Quarter)** and **(Last day of Claiming Quarter)** and I have written documentation to support this percentage.

I certify, under the penalty of perjury, that the direct charge percentage is a reasonable proxy of the time spent during the entire claiming period and results in allowable costs consistent with the requirements of OMB Circular A-87. I also certify that I have not been instructed to perform any additional MAA related activities beyond what I perform during the normal course of an average claiming quarter. I declare that the foregoing is true and correct to the best of my knowledge, information, and belief, and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

Printed Name _____	Title/Classification _____
Signature _____	Date _____